

# EXPERIENCE IN THE TREATMENT OF CLOSTRIDIUM DIFFICILE INFECTION

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5PSQ-098

ATC code: 4. Historical research

## Background and importance

Clostridium difficile infection (CDI) can cause acute diarrhea. One of complications of CDI is recurrences. There are risk factors for multiple recurrences of the disease. Vancomycin and oral metronidazole are considered the treatment of choice. Other drugs, such as fidaxomicin and bezlotuxumab, which may help in the control of recurrences.

## Aim and objectives

- ✓ To analyze the use of fidaxomicin and bezlotuxumab in our hospital.
- ✓ To analyze recurrences after treatment with fidaxomicin and the early bezlotuxumab administration.

## Material and methods

Retrospective study included all patients treated with fidaxomicin from January 2014/April 2021. Variables collected: age, gender, previous treatment (vancomycin/metronidazole), days and regimen of treatment, recurrence or exitus at 8 weeks. Risk factors evaluated: age >65 years, use of antibiotics in the previous three months, ICD in the last 6 months, severe disease (oncological patient, immunosuppressed, renal failure). Tapered dosage of fidaxomicin oral was defined as 200 mg /12h (5 days) and 200 mg /48h (D7-D25).

Data were obtained from the pharmacy dispensation program and the patients' digital clinical records.

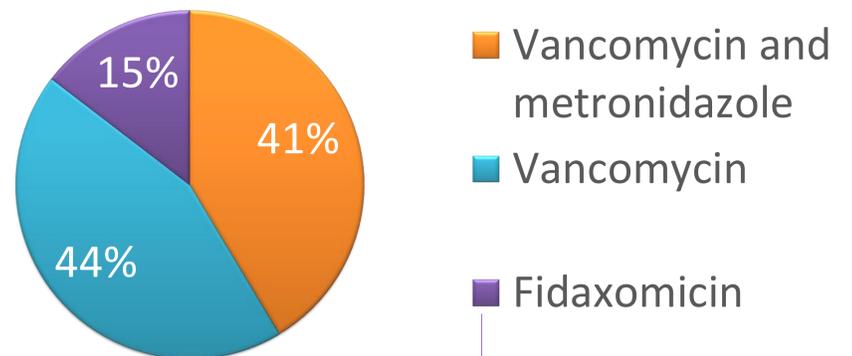
## Results



- ✓ 41 patients
- ✓ 61% women (25)
- ✓ 69 years (21-99) - Average age
- ✓ 73.2% (30) were older than 65 years

- 95.1% (39) antibiotic in the previous 3months
- 51.2% (21) CDI in the last 6 months
- 60.9% (26) severe baseline disease
- 21.9% (9) immunosuppressed

As first line:



63.4% (26) → fidaxomicin 200 mg /12h (10 days)  
22% (6) → 200 mg /12h for longer  
14.6% (9) → extended regimen

- ❑ 82.9% (34) of fidaxomicin-treated patients had no CDI recurrence at 8 weeks.
- ❑ 22% (9) of the patients died.
- ❑ 9 fidaxomicin-treated patients were administered bezlotuxumab and none subsequently developed CDI.
- ❑ All were older than 65 years and 66.6% (6) were oncology patients.

## Conclusion and relevance

The CDI treatment was mostly adjusted to the recommendations therapeutic guidelines, with vancomycin/metronidazole as first-line and fidaxomicin in recurrences. The use of bezlotuxumab was adapted to the considerations of the Therapeutic Positioning Index and was used in patients with higher risk of recurrence.

Although in pivotal studies the recurrence rate with bezlotuxumab was 16,5%, in our study there were no recurrences. In the case of fidaxomicin, the recurrence rate was 17.1%, higher than published studies.

*Limitations:* small sample size and the impact of the joint use of bezlotuxumab and fidaxomicin has not been measured.